

Invitation For Bid IFB Number 06A2331 Page 1 of 2

ATTACHMENT 3 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.

 C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidd	r Certification	Sheet May	Be (Cause f	or I	diel F	<i>lejecti</i>	ion
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Company Name		one Number	2a, Fax Number		
MPLOYERS CHOICE ONLINE INC.	800)	424-7011	800, 491-9323		
2b. Email Address Jopez @ ecoinc	us				
3. Address 9845 PAINTER AVE. S WHITTIER, CA 906	SLITE B				
Indicate your organization type:	. Partners	hiáp	6. Corporation		
Indicate the applicable employee and/or corporation number 7. Federal Employee ID No. (FEIN) 45-319302		8. California Corpor	ration No. C 3462978		
Indicate the Department of Industrial Relations information: 9. Contractor Registration Number					
Indicate applicable license and/or certification information: 10. Contractor's State Licensing Board Number	11. PUC License Number # 14050069 CALT- CUCP EXP. 10/0/19 # 43781 exp. 12/15/17				
12. Bidder' Name (Print)		13. Title	2101 84 1215117		
Jesus Ariel Lopez		PROLULEME	NT SPECIALIST		
14. Signature		15. Date	6/17		
16. Are your certified with the Department of General Servi	ses, Office of	Small Business and D	isabled Veteran Business		
Emárprise Services (OSDS) as: a. Small Business Enterprise If yes, enter certification number:	ib. Disable ilf yes, onte	th. Disabled Veteran Business Enterprise Yes No No If yes, enter your service code below:			
MOTE: A copy of your Cartification is required to be included	led if either of	the above items is the	sked "Ves".		
Date application was submitted to OSDS, if an application is	s panding:				
177. Are you a Non-Small Business committing to the use of Yes 🔲 1000	f 25% Certifie	d Small Business Subs	sontrastor Participation?		
Iff Ves. complete and return the Ridder Dadaration form 6th	0DE) (05 1/05	of the concentrated			



STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION ATT ADM-1412 (REV.06/2002)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL NO. u 2 ESTIMATED QUANTITY 80 240 120 100 UNIT OF MEASURE EACH EACH EACH EACH DMV Renewal Examinations as described in Exhibit A SOW Pre-employment Examinations as described in Exhibit A SOW Respiratory-Compliance Examinations as described in Exhibit A Scope of Work Audiometry tests per 29CFR 1910.95 as described in Exhibit A SOW CHIROPRACTIC (WOS) HEM 60 CONTRACT NO 125,00 120.00 50.00 99.00 TOTAL THIS SHIEFT (In Figures) \$ 11, 880. \$ 55, 680,00 \$ 10,000,00 20, 800 : 00 000,000 TAILOIL **9**

IFB Agreement Number 06A2331
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